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E44-444 42/00/	Effective on 12/08/2004.		Complete if Known				
Errective on 12007 Fees pursuant to the Consolidated Approp		Application Number	10/678,006				
FEE TRANS	MITTAL	Filing Date	October 1, 2003				
		First Named Inventor	Giovanni COGLITORE				
For FY 20	JUO	Examiner Name	L. Lea-Edmonds				
X Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	2835	_			
TOTAL AMOUNT OF PAYMENT	(\$) 905.00	Attorney Docket No.	443452000103				
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TOTAL AMOUNT OF PATE	MEN!	<del>\$)</del> 905.00	At	torney Docket	NO. 4	40402000100	<u>,                                      </u>	
METHOD OF PAYMENT	Γ (check all th	at apply)						
Check Credit Card Money Order None Other (please identify):  X Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
			•				01 221	
For the above-identi	fied deposit a	ccount, the D	Director is he	<u> </u>	•			
x Charge fee(s)	indicated belo	ow		Charge	e fee(s) indi	cated below, ex	cept for th	e filing fee
X Charge any acfee(s) under 3			ment of	x Credit	any overpay	ments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXAM	INATION FE	ES					
		FEES	-	CH FEES	EXAMINA	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	300	150	.500	250	200	100	0.0	
Design	200	100	100	50	130	65	0.0	
Plant	200	100	300	150	160	80	0.0	-
Reissue	300	150	500	250	600	300	0.0	
Provisional	200	100	0	0	0	0	0.0	
2. EXCESS CLAIM FEES	200	100	v	Ū	Ū	Ū		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includi	ng Reissues)						50	25
Each independent claim over	er 3 (including	g Reissues)					200	100
Multiple dependent claims							360	180
Total Claims Extra	Claims Fe	ee (\$)	Fee Paid	(\$)	Mu	ltiple Depende	nt Claims	
51 -51 = 0.	00 x 2	5.00 =	0.00		<u>Fee</u>	<u>(\$)</u>	ee Paid (\$)	Į
					180	.00_	0.00	_
		e (\$)	Fee Paid	(\$)				
<u> </u>	<u>00                                   </u>	<u> </u>	0.00					
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	nwings exceed 1.52(e)), the a	pplication si	ze fee due is	\$250 (\$125 f			dditional 50	
	tra Sheets			ional 50 or frac		Fee (\$)		aid (\$)
- 100 =		/50	(rou	and up to a who	ole number) x	125.00		00
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification Other (e.g., late filing su	rcharge). 28	01 Request	for continu	t) ed examina nse within th	tion (RCE) nird month	(see 37		5.00 0.00
SUBMITTED BY	<del> </del>					***	·	
			Rec	sistration No.	40.075	1	(050) 046	

SUBMITTED BY							
Signature	<i>-</i>		~	Registration No. (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Chris	tophe	er B. Eide			Date	June 6, 2005